								1	Application (or Dock	cet Number		
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1997								09/9/3,430					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								IALL YPE	ENTITY	OR		R THAN ENTITY	
FOR		NUMBE	NUMBER FILED			NUMBER EXTRA		TE	FEE		RATE	FEE	
BASI	C FEE								395.00	OR		790.00	
TOTA	AL CLAIMS		minus	20 =	= *		x\$*	1=		OR	x\$22=		
INDE	PENDENT CLA	AIMS	minus 3 =			*		x41=		OR	x82=		
MULT	TIPLE DEPEND	ENT CLAIM PRE								OR	+270=		
* If th	ne difference in co	olumn 1 is less than :	s less than zero, enter "0" in colur			n 2				OR	TOTAL		
	Hr. 25	CLAIMS AS	IMS AS AMENDED - PA			RTII					OTHER THAN		
ω_{γ}		(Column 1) CLAIMS		(C H	Column 2)	(Column 3)	SI	MALI	LENTITY	OR I	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT	Samuel and the same and the sam	N PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	**	20	=	x\$1	1=		OR	x\$22=	1	
ME	Independent	• /	Minus	***	3	=	x4	1=		OR	x82=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=		
	(Column 1) (Column 2) (Column 3)						T(ADDIT	TAL FEE		OR	TOTAL ADDIT. FEE	1	
ENT B	r e	CLAIMS REMAINING AFTER AMENDMENT		N PRE	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	x\$ ⁻	11=		OR	x\$22=		
	Independent	*	Minus	***		=	x4	1=		OR	x82=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=		
(Column 1) (Column 2) (Column 3)							T ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Į Q	Total	*	Minus	**		=	x\$	11=		OR	x\$22=		
ME	Independent	*	Minus	***		=	x4	1=		OR	x82=		
L [▼]	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=		
*** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					ound in the	appr	opriate box in	column	1.		